

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR GRANT PROPOSALS

FOR

Traumatic Brain Injury Service Coordination Services

RFGP Number: 34360-62417

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**(If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant shall be revised accordingly; however, significant performance requirements shall not be revised.)*

REQUEST FOR GRANT PROPOSAL

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

I. STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED:

The Tennessee Department of Health hereinafter referred to as "State" or "Department" is soliciting grant proposals for Traumatic Brain Injury Service Coordination services as further described below. The purpose of this Request for Grant Proposal (RFGP) is to define the State's minimum requirements, solicit grant proposals and gain adequate information from which the State can evaluate the services you propose to provide.

The State intends to award up to eight (8) grant(s) for a period of thirty-six (36) months with an expected effective period from July 1, 2016 to June 30, 2019. The grants will each fund one service coordination position at \$60,000 a year.

A. Background Information:

In 1993, the Tennessee General Assembly passed legislation establishing the Traumatic Brain Injury (TBI) Program in the Department of Health to address the special needs of brain injury survivors and their families. The TBI Program is charged with expanding and revising existing state plans and services for persons with traumatic brain injury. The General Assembly also increased the fines on four traffic violations in 1993 and dedicated those funds to the TBI Trust Fund. The grant that is awarded will be funded from the TBI Trust Fund.

For purposes of this grant program, "Traumatic Brain Injury" (TBI) is defined as an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorder, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The term "survivor" refers to a person who has sustained and survived a TBI.

In Tennessee, approximately 8,000 people per year are injured and admitted to the hospital with TBI, a rate of 125 injuries per 100,000 people. TBI survivors can experience impairments that affect their physical, cognitive and behavioral functioning which in turn impacts their ability to return home, school and work. Whether the injury is the result of a car crash, a fall, assault or sports activity, there can be an economic and emotional toll on the survivor and the family. The focus of the TBI Program is to improve services available to survivors of TBI and their families.

The enabling legislation mandates the development of a coordinated case management system. In response, the TBI Program has developed the Service Coordination project encompassing eight designated service areas that cover all 95 counties of the state.

B. Detailed Description of Service Requested:

Grantee should establish a TBI Support Center in the designated service areas as described below for the purpose of providing Service Coordination for children and adults with TBI. These services include: providing information on TBI; developing referral sources; referring consumers to qualified services and agencies; assisting TBI survivors in applying for and accessing services; advocacy; support group development; and assistance with the development of new programs and activities. The role of the Service Coordinator is to work with the individual survivor to assess needs and to collaborate and coordinate resources within the community on behalf of the TBI survivors.

Although a proposer may tailor their project to the needs of the community, certain aspects of service coordination are standardized. The TBI Program has developed a "Service Coordination Manual" which the contractor and service coordinator are required to follow. The manual includes a standard job description, definitions of terms in the contract scope of services and standardized forms. The standard Service Coordinator job description is included as Exhibit 1.

Grantee will be responsible for employing a Service Coordinator. A project coordinator/local supervisor should be identified although the Service Coordinator should be self-sufficient and able to work with minimal supervision. **The responsibilities of the Grantee and the Service Coordinator are described in Section C. below and in the Sample Contract scope of services.**

The state TBI office will conduct regular education and networking meetings for the Service Coordinators. The TBI Program staff is available for consultation and assistance to the Service Coordinator. The Service Coordinator will be responsible for submitting quarterly activity reports to the TBI Program Director.

Designated service areas are as follows:

1. **Nashville area counties (9):** Cheatham, Davidson, Dickson, Montgomery, Robertson, Sumner, Trousdale, Williamson, Wilson
2. **Chattanooga area counties (10):** Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
3. **Johnson City area counties (9):** Carter, Claiborne, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington
4. **Upper Cumberland area counties (15):** Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Roane, Smith, Van Buren, Warren, White
5. **South Central area counties (13):** Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Rutherford, Wayne

6. **Knoxville area counties (14):** Anderson, Blount, Campbell, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Sevier, Scott, Union
7. **Jackson area counties (20):** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Houston, Humphreys, Lake, Madison, McNairy, Obion, Perry, Stewart, Weakley
8. **Memphis area counties (5):** Fayette, Haywood, Lauderdale, Shelby, Tipton

The proposal should identify at least one but not more than two designated service areas where services will be provided. The base annual budget is \$60,000. At least \$1,200 should go towards establishing or maintaining a local TBI support group.

C. Scope of Services and Deliverables:

The responsibilities of the Grantee are described below and in the sample contract scope of services.

A.1. The Grantee shall provide all services and deliverables (“Scope”) as required, described, and detailed in this Grant Contract.

A.2. Service Definitions.

- a. “Traumatic Brain Injury” or “TBI” means traumatic brain injury as defined by T.C.A. § 68-55-101.
- b. “Service Coordination Manual” means the most current edition of the manual developed by the Traumatic Brain Injury program and distributed to each service coordination Grantee.
- c. “Service Coordinator” means the person employed by the Grantee for the purpose of providing service coordination services.
- d. “Traumatic Brain Injury Support Center” means the office where the Service Coordinator is housed.
- e. “Project BRAIN” means the Health Resources and Services Administration (HRSA) grant awarded to the TBI program.
- f. “SSI/SSDI” means Social Security’s Supplemental Security Income and Social Security Disability Insurance.
- g. Health Insurance Marketplace Navigator is an individual or organization that is trained and able to help consumers as they look for health coverage options through the insurance marketplace, including completing eligibility and enrollment forms.

A.3. Service Goals.

The goal of the service coordination program is to have a Service Coordinator provide assistance to persons with traumatic brain injury, their families and relevant professionals in locating and securing information and appropriate services.

A.4. Service Recipients.

Service recipients are persons with traumatic brain injury, their families and related professionals that serve or potentially interact with persons with brain injury and/or their families.

A.5. Service Description.

- a. The Grantee shall provide Traumatic Brain Injury (TBI) Program service coordination and maintain all records related to service coordination funded by this Grant Contract according to the most current version of the "Service Coordination Manual" developed by the Department of Health, Traumatic Brain Injury Program, on file in the TBI office, and distributed to each service coordination Grantee. The TBI Program updates the "Service Coordination Manual" as needed and updates are distributed to the Service Coordinators by certified mail.
- b. Employ a Service Coordinator that adheres to the job specifications listed in the most current version of the "Service Coordination Manual" on file in the TBI office. The Service Coordinator shall be responsible for the coordination of services for children and adults with traumatic brain injury as follows:
 1. Operate a TBI Support Center serving (county names) counties for the purpose of providing service coordination for children and adults with traumatic brain injury, to include, but not be limited to:
 - i. providing information on traumatic brain injury,
 - ii. developing referral sources,
 - iii. referring clients to qualified services, e.g., Centers for Independent Living, Project BRAIN, local traumatic brain injury rehabilitation facilities, Vocational Rehabilitation, traumatic brain injury professionals (social workers, psychologists, physicians) and other community resource agencies,
 - iv. assisting clients in applying for and accessing services, e.g., SSI/SSDI – Medicare, TennCare, food stamps, Vocational Rehabilitation, health

- insurance marketplace navigator, housing, and transportation
 - v. advocacy in the area of individual/client rights and benefits,
 - vi. developing TBI specific support groups, and
 - vii. assisting or consulting in the development of new programs and activities in the (# of counties) county service area, i.e., respite care, day programs, and recreational and social programming.
 - 2. Provide and document support services to a minimum of thirty (30) new survivors of brain injuries and/or their families with the aim of empowering these parties to become better advocates for themselves. Support services shall include, but not be limited to: initial intake data, development of a personal services plan, assisting with integration to community resources, and follow-up with integration to assess further need. Maintain support for on-going case load with a minimum of an annual follow-up contact.
 - 3. Maintain a database with a minimum of thirty (30) community support resources in the (# of counties) county service area where participating families are located and inform the families about the resources. Provide education on traumatic brain injury issues to a minimum of twenty-five (25) appropriate professionals and fifty (50) community members.
 - c. Designate a project coordinator who shall be responsible for the implementation and coordination of all services provided under this Grant Contract, to include, but not be limited to, designation of supervision of Service Coordinator.
- A.6. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.
- a. this Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. and c., below);
 - b. the State grant proposal solicitation as may be amended, if any;
 - c. the Grantee's proposal (Attachment 1) incorporated to elaborate supplementary scope of services specification.

- d. the most current version of the Service Coordination Manual.

A.7. Service Reporting.

- a. The Grantee shall submit quarterly reports using the standardized form in the most recent version of the Service Coordination Manual documenting activities, numbers of new cases and recommendations for improving service provision.
- b. The Grantee shall submit a final narrative report using the standardized form in the most recent version of the Service Coordination Manual to the Traumatic Brain Injury Program Director by September 30, 2019.

A.8. Service Deliverables.

The Grantee deliverables are the services described in the Description of Services and listed below:

Deliverable	Contract Section	Delivery Date	Due to Whom?	Requested Format
Service Coordinator quarterly report	A.7.a D.17	Oct. 15 Jan. 15 Apr. 15 July 15	TBI Program director	Electronic or USPS
Final report	A.7.b. D.18	Sep. 30, 2019	TBI Program Director	Electronic or USPS

- A.9. Inspection and Acceptance. Acceptance of the work outlined in section A.7 will be made by the State or its authorized representative, based on the measures as identified in scope of services. State makes the final determination in terms of acceptance of the work being performed under this Contract.

II. GENERAL INSTRUCTIONS AND REQUIREMENTS:

This Request for Grant Proposal (RFGP) is issued by the State of Tennessee, Department of Health. The Competitive Procurement Coordinator shall be the sole point of contact for purposes of information concerning this RFGP. All correspondence **must** be sent to:

Melissa Painter
Competitive Procurement Coordinator

Service Procurement Office
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

A. Notice of Intent to Propose:

Before the Notice of Intent to Propose Deadline detailed in the RFGP Section II, Part B, Schedule of Events, potential proposers should submit to the Competitive Procurement Coordinator a Notice of Intent to Propose (in the form of a simple e-mail or other written communication). Such notice should include the following information:

- the business or individual's name (as appropriate)
- a contact person's name and title
- the contact person's mailing address, telephone number, facsimile number, and e-mail address

A Notice of Intent to Propose creates no obligation and is not a prerequisite for making a proposal, however, it is necessary to ensure receipt of any RFGP amendments or other notices and communications relating to this RFGP.

B. Schedule of Events:

The following is an anticipated timetable for the procurement process. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (central time zone)	DATE (all dates are state business days)
1. RFGP Issued		Thursday, January 28, 2016
2. Pre-Proposal Tele-Conference	2:00 p.m.	Wednesday, February 3, 2016
3. Notice of Intent to Propose Deadline	2:00 p.m.	Thursday, February 4, 2016
4. Written "Questions & Comments" Deadline	2:00 p.m.	Tuesday, February 9, 2016
5. State Response to Written "Questions & Comments"		Friday, February 12, 2016

6. Proposal Deadline	2:00 p.m.	Friday, February 26, 2016
7. State Completion of Grant Proposal Evaluations		Friday, March 4, 2016
8. Evaluation Notice Released	2:00 p.m.	Friday, March 11, 2016
9. Contractor Contract Signature Deadline		Monday, May 2, 2016
10. Effective Start Date of Contract		Friday, July 1, 2016

A Pre-Proposal Teleconference will be held at the time and date detailed in the Schedule of Events.

Any proposer desiring to submit a proposal as a prime Grantee contractor in response to this RFGP is encouraged to have at least one (1) representative at the teleconference, however attendance is not mandatory. The conference telephone number is **(888) 757-2790** and the participant passcode is **766173**. The presentation will also be available via adobe connect at the following link:

Web link: **<http://stateoftennessee.adobeconnect.com/procurement/>**

The purpose of the pre-proposal teleconference is to discuss the RFGP scope of services. The State will entertain questions, however potential proposers must understand the State's response to any question at the Pre-Proposal Conference shall be tentative and non-binding. Potential proposers should submit questions concerning the RFGP in writing pursuant to Part II, Section C.

Potential proposers with a disability may receive accommodation relating to the communication of this RFGP and participating in the RFGP process. Potential proposers may contact the Competitive Procurement Coordinator shown in Section II to request such reasonable accommodation.

C. **Questions and Answers:**

Questions concerning the RFGP must be presented to the Competitive Procurement Coordinator shown in Section II in writing, on or before the Deadline for Written Questions and Comments as detailed in the Schedule of Events in Section II, Part B. Each question should specify the RFGP sections to which questions pertain. Questions should be emailed, mailed or hand-carried to the Competitive Procurement Coordinator at the address shown in Section II of this RFGP.

The State's written responses to written questions will be considered official. Written responses will be emailed to potential proposers as indicated in Section

II, Part A and on the date indicated in Section II, Part B Schedule of Events. Responses will also be available at the following website <http://health.state.tn.us/vendors.htm>. The responses will be included in the RFGP thereby as an amendment.

D. Submission of Proposals:

The proposer must submit a proposal by the deadline specified in Section II, Part B Schedule of Events. Proposals may be submitted via:

- email to the Competitive Procurement Coordinator and put in the Subject Line: **PROPOSAL - RFGP #34360-62417**
- mail to the Competitive Procurement Coordinator, or
- hand delivery

If the proposal is mailed or hand delivered, proposer should include a digital copy of the proposal as well. The proposer shall clearly mark its response envelope as **PROPOSAL - RFGP #34360-62417 - DO NOT OPEN**.

It is the sole responsibility of the proposer to ensure that its proposal is delivered at the date and time and specified in this RFGP in Section II, Part B Schedule of Events. Please mail or deliver to the Competitive Procurement Coordinator shown in Section II. Any proposal received contrary to this requirement will be returned to the proposer unopened. A late proposal will not be accepted for review and evaluation by the State.

The proposal deadline is important. Since parking can be a problem or proposers may not be familiar with the building to which proposals are to be delivered, proposers are advised to avoid waiting until the last minute to deliver proposals.

Each Proposer shall assume the risk of the method of dispatching any communication or proposal to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

Checklist for Submission:

- ☐ Letter of Transmittal with required attachments above
- ☐ Proposal in required format
- ☐ Grant Budget Form with Line Item Detail
- ☐ If mailed or hand delivered, electronic copy included

E. Proposal Amendment and Rules for Withdrawal:

A proposal may be withdrawn prior to the proposal due date by submitting a written request for its withdrawal to the State, signed by the proposer and mailed to the Competitive Procurement Coordinator shown in Section II.

The State shall not accept any amendments, revisions, or alterations to proposals after the proposal due date, unless formally requested in writing by the State prior to that time.

Any submitted proposal shall remain a valid proposal for six (6) months after the proposal due date.

F. Acceptance of Proposals:

All proposals properly submitted shall be accepted for evaluation. However, the State reserves the right to request clarifications or corrections to proposals, reject any or all proposals received, cancel, or withdraw this RFGP, according to the best interests of the State.

Requests for clarifications or corrections by the State may be in writing or may be oral. Requests for clarifications or corrections by the State shall not allow the proposer to alter its technical proposal or price contained in the grant budget, if any. Proposers' responses to State requests for clarifications or corrections shall be in writing and signed by an individual authorized to commit the proposer. Written responses to the State shall be received by the Competitive Procurement Coordinator shown in Section II, pursuant to time frames set forth in the State's request for clarification of corrections.

The State reserves the right to waive variances in proposals providing such action is in the best interest of the State.

Where the State may waive variances, such waiver shall not modify other RFGP requirements or excuse the proposer from full compliance with the remainder of RFGP specifications and other grant requirements if the proposer is awarded a grant.

G. Right to Further Negotiate:

The Department can, at its sole discretion, further clarify or negotiate with the best evaluated proposer(s) subsequent to Notice of Intent to Award.

H. Assignment and Subcontracting:

The proposer must clearly identify in the proposal any intended subcontracts, the scope of work to be subcontracted, and the name(s) of potential subcontractor(s). All subcontracts must be approved by the State. The proposer (prime Grantee), however, will be responsible for all work performed.

I. Incurring Costs:

All costs incurred by the proposer in preparing its proposal shall be borne by the proposer.

J. Disclosure of Proposal Contents:

All proposals and other materials submitted in response to this RFGP become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed budget information, shall be held in confidence during the evaluation process. Only upon the completion of the evaluation of proposals, indicated by public release of a Notice of Intent to Award, shall the proposals and associated materials be open for review. By submitting a proposal, the Proposer acknowledges and accepts that the full contents of the proposal and associated documents shall become open to public inspection.

III. PROPOSER ASSURANCES AND REQUIREMENTS:

All proposers must submit the Letter of Transmittal for the Request for Grant Proposal following this section, which is signed by an individual legally authorized to bind the proposer regarding compliance with the assurances and submission requirements. If a proposer fails to submit a Letter of Transmittal or to comply with any of the requirements contained in the Letter of Transmittal, the State may consider the proposal to be non-responsive and reject the proposal.

LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL
RFGP #34360-62417 (Page 1 of 2)

I, _____, am legally authorized to bind _____ regarding
Name and Title **Grantee Name**
 compliance with the following assurances and submission requirements. (If you are not the president or chair of the agency board of directors, you must attach written evidence showing authority to bind the Grantee.)

By indication of the authorized signature below, I hereby make certification and assurance of my organization's compliance with the following:

We assure that the proposal submitted by _____ meets all requirements in each section
Grantee Name
 of this RFGP and shall remain valid for (six) 6 months after the proposal due date.

We assure that the proposal submitted by _____ was arrived at independently, without
Grantee Name
 collusion with any other proposer, competitor, or employee of the Department of Health.

We assure that no amount shall be paid directly or indirectly to an employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to my organization in connection with this Request for Grant Proposal process.

Please provide the following information:

Complete legal entity as it appears on your corporate charter:

Agency tax identification number: _____

The person to be contacted regarding this proposal:

Name and Title: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Please circle Option 1 or Option 2 related to subcontracting:

OPTION 1

We are proposing to use the following subcontractor(s). Attached is a complete mailing address for each subcontractor and the scope and portions of work the subcontractors will perform.

OPTION 2

We assure that we will not assign the Grant Contract awarded through this RFGP process or subcontract for any services performed under the Grant Contract awarded through this RFGP process.

CONFLICT OF INTEREST

We assure that neither our agency nor any individual who will perform services under this grant has a possible conflict of interest (e.g. employment by the State of Tennessee) other than those listed below.

We understand the State reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the Grantee. Such determination regarding any questions of conflict of interest shall be solely within the discretion of the State.

Possible Conflicts of Interest: _____

 Authorized Signature

 Date

**LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL
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THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE LETTER OF TRANSMITTAL

1. A current written bank reference, in the form of a standard business letter, signed and dated within the past three months indicating your business relationship with the financial institution is in positive standing.
2. Two current written, positive credit references, in the form of a standard business letter, signed and dated within the past three months from vendors with which we have done business; in lieu of such, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months.
3. A copy of a valid certification of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of a grant pursuant to this RFGP.

IV. PROPOSAL FORMAT AND CONTENT:

Your proposal shall address at least Sections IV.A, B, and C as follows. Sections IV. A and B shall be evaluated by the State and awarded points based upon the appropriateness, completeness and quality of the proposal. The following format should be used:

A. Organizational Capacity: Organization, Experience and Staff
(40 TOTAL POINTS)

This section shall contain pertinent information relating to your organization, staffing and experience that would substantiate your credentials to perform the services requested by the State. The following information should be included, at a minimum:

1. Describe your organization's experience as it relates to this proposal.
2. Describe your organization's demonstrated capacity with similar projects and populations. Include the employee turn-over rate for your organization. If your organization is requesting "continuation" of previously funded activities, these should be described and indicators of program success should be included.
3. If your organization is, or has been, in a contractual relationship with the State of Tennessee, please provide the following information:
 - State agency name
 - Time period of the contract
 - Services provided

B. Technical Proposal for Scope of Services
(60 TOTAL POINTS)

This section should describe your plans and approach for providing the services requested. The information should be in sufficient detail to enable the State to ascertain your understanding of the services to be accomplished. The following information must be included, at a minimum:

1. Project Description/Understanding **(25 SUB-POINTS)**

You must provide a comprehensive narrative captioned, "Project Description/Understanding" that illustrates your organization's understanding of the State's requirements. The section must include the following information:

- Describe the target population and the geographic areas to be served.
- Describe the minimum numbers to be served, and an estimate of other persons to be impacted by your proposal.
- Describe any gaps in services to be addressed by the project.
- Describe when, where and how often services will be delivered.

2. Project Approach **(20 SUB-POINTS)**

You must provide a comprehensive narrative captioned “Project Approach” that illustrates how your organization will provide the scope of services and meet the state’s service needs. The section must include the following information:

- Describe any services and specific activities beyond the minimum requirements that will be provided by the project.
- Describe how the target population will be identified and recruited.
- Describe innovative approaches to provision of services and the benefits of those approaches.
- Describe partnerships and involvement with other community agencies for the project.
- Describe the use of volunteers, if any.
- Describe any special program issues such as confidentiality, client safety, transportation, etc.

3. Project Management and Evaluation (15 **SUB-POINTS**)

The “Project Management and Evaluation” section must provide a description of the goals and objectives to be established to measure the project’s success, as well as how your organization will determine it has accomplished its goals in terms of impact upon project participants. The “Project Management and Evaluation” section must include the following:

- Describe how services provided will be documented.
- Identify the performance indicators to be used to measure the project’s success.
- Identify the data sources to be used to capture outcome measures.
- Identify any potential barriers to the project’s success.

C. Grant Budget:

This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form, and attached line item details found in the Sample Grant Contract. A position description should be provided with the expected qualifications for each position listed on the attached Salaries Detail. Indicate the percentage (%) of time a person’s salary is to be charged to the proposed contract. A description of how dollars will be used must be provided for each line item completed.

The base annual budget is \$60,000. At least \$1,200 should go towards establishing or maintaining a local TBI support group.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

<http://www.tn.gov/assets/entities/finance/attachments/policy8.pdf>

V. PROPOSAL EVALUATION:

An evaluation committee made up of at least three (3) representatives of the Department of Health and/or other state agencies or departments will be established to judge the merit of eligible proposals.

- A. Any proposal that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all proposals. The State reserves the right to request clarifications from all proposers.
- B. The committee shall analyze proposals on the basis of factors pertinent to the services requested in this RFGP. The specifications within this RFGP represent the minimum performance necessary for response.
- C. The Competitive Procurement Coordinator shown in Section II will meet with the evaluation committee to summarize and record their point awards on the proposal.
- D. Once total scores are finalized, the Competitive Procurement Coordinator shown in Section II will recommend to the Commissioner of the Department of Health the best evaluated proposal(s). Once approved by the Commissioner of the Department of Health, the Competitive Procurement Coordinator will send out the Notice of Intent to Award.

VI. GENERAL PROPOSER INFORMATION REGARDING GRANT CONTRACT:

A. Sample Grant Contract:

A Sample Grant Contract delineates the scope of services and/or options for the scope of services which the State expects the Grantee to provide (see Section A. of Sample Grant Contract). Additionally, the Sample Grant Contract includes the terms and conditions considered standard by the State. Do not complete the blanks in the Sample Grant Contract; the State will complete the blanks upon award of the Grant Contract.

B. Additional Services:

If a proposer indicates that services shall be provided beyond those described in the Sample Grant Contract, these additional services should be listed in the proposal and, if accepted by the State, will be included in the grant contract.

C. Proposer Exceptions to the Sample Grant Contract and/or RFGP:

If a proposer has an exception or objects to any of the terms and conditions listed in the Sample Grant Contract, the exception(s) must be listed in the proposal. Similarly, if a proposer is unable to provide any information requested in the RFGP for evaluation, that information is to be listed along with an explanation as to why the proposer cannot comply with the RFGP. Exceptions may result in disqualification of the proposer's proposal.